

WMC Retrospective Research Findings and Early Insights

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I'm pleased to present on behalf of the Walsh Group concerning the Effects of Uniroyal Technology Corporation Substance Abuse Strategies on Managed Care.

The Walsh Group formed a strategic partnership with Uniroyal Technology Corporation for this particular grant. Other members of the partnership include General American Insurance, William Mercer Corporation, and Corporate Care Works, which is the employee assistance program for Uniroyal.

As Martin Gutfreund, VP for Human Resources at UTC explained yesterday, Uniroyal Technology Corporation is a manufacturing company specializing in engineered products, with gross annual sales of \$200,000,000.

When we started this project there were nine plant sites located in ten states. The 1996-97 data that have been retrieved for the respective study indicate that about 1,400 people were employed during this period.

Uniroyal's Substance Abuse Policy promotes a drug-free lifestyle and actively employs random drug testing. One of the key elements that we wanted to look at in this study was the effect an intensive random drug testing program had on managed care costs. UTC currently conducts random testing at a 200% rate at most of its plant sites where random testing is allowed under state laws and where it has been negotiated with the union. In this study we increased the random testing rate at one site (Warsaw, Indiana) to 400% in July of this year. The rate will remain at 400% through the remainder of the study, and results will be compared with those from sites that are testing at 200% and those that are not conducting random testing of any sort.

The second element we are looking at is the effect of the Uniroyal substance abuse prevention education and EAP program on managed care costs. In our second interventions we are conducting an intensive two-day health fair and prevention education seminar at two Uniroyal sites: Stoughton, Wisconsin and Redlands, California. The Redlands intervention occurred two weeks ago and the one at Stoughton will take place during the first week of October, 1998.

The process included a pre- and post-survey. The pre-survey was conducted over the summer months prior to any of the education or urinalysis interventions. Most of the data that will be presented today will be from the pre-survey. We also have some preliminary results from the seven databases that have been identified. They are: the health care database from General American, the EAP database (which is summary in nature) from Corporate Care Works, and the Care Wise data or "Dial A Nurse" program, which is also summary in nature. We also have retrospective data for 1996 and 1997 from Corporate Care Works and from Care Wise. The UTC Human Resources, payroll, and leave data for the retrospective period are currently in hand and have been entered into a database for preliminary analysis. Likewise, the Workers' Compensation and OSHA data for the retrospective period have been collected and entered into a database for analysis. Urinalysis data for 1996 have been elusive. We're going to each plant site to retrieve those data. All of the 1997 data have been obtained and are being coordinated with other data in the main database.

We are currently in a data collection mode. We encountered difficulties in establishing the cross site elements of the pre-survey, which led to delays. UTC's basic philosophy was to keep the survey short, hard-hitting, and focused on measuring the drug abuse problem. In trying to get a good mix between the cross-site and UTC requirements, we compromised and the result was a two-page survey of 65 questions. The survey has been administered at eight sites and we've been getting great participation across the board. Fortunately, we were able to get all of the cross-site information into the survey.

Our centralized urinalysis data is incomplete due to the problem I mentioned with the 1996 data. While the OSHA data is in flat paper format, we have digitized much of the information and added it to our database, and we will continue this process with the 1997 data.

Our greatest problem has been getting the health care claims data from General American. Due to Y2K programming problems at General American, we became a low priority. We are now over that problem and the data have been coming in on a regular basis.

Let's talk about the pre-survey itself. We administered the survey at eight of the nine sites. The three intervention sites of Warsaw, Indiana; Redlands, California; and Stoughton, Wisconsin are included.

So far, we have a 73% participation rate. In administering the survey we had a Walsh Group employee visit six of the sites to personally administer the survey. At the remaining two sites, surveys were conducted by internal staff from Uniroyal who either mailed the surveys to remote sites or personally administered them. We received about the same response from those sites administered by the Walsh Group as we did from those administered by UTC employees.

Overall, the survey demographics appeared to coincide with the HR data, except in one area. One site where we did not administer the survey (because of union concerns) has a large Haitian population which affected the racial demographics. We don't know what effect this will have on the overall results, but we'll look at it over time, and we may have to revisit this issue at a later date.

I am calling this a preliminary quick look, because we received the data from the last of the eight sites only a week ago. In most cases, all that can be presented are frequency counts.

The average age of the UTC employees is about 47 years; it's an older work force, across the board. The group is mostly male. One of the things that we noticed is that the demographics

were compromised by not conducting the survey at the one site where most of the union members were African American. We have one further site to survey, and I believe that this site may bring the race demographic closer to the UTC average.

About 81 percent of respondents were aware of the company drug policy, and 64 percent indicated that the policy is right on. Interestingly enough, only 10 percent indicated that the policy is too harsh. Less than 50 percent knew that the company provided health care benefits for substance abuse problems. Only 57 percent believe that drug testing discourages workers from using drugs, which is an interesting statistic to us in light of the amount of drug testing in place. Three-quarters of respondents were satisfied with their health care plan.

About two-thirds were aware of the EAP, while 73 percent were willing to use the EAP. Only 5 percent had ever used it, and only 7 percent indicated that they were not satisfied with the EAP services. Interestingly, after we did one of the EAP health fair interventions, it was reported that the EAP phone was ringing off the hook at that site. We believe this is probably because a refrigerator magnet advertising the EAP phone number was mailed to employees' homes. Of course, this hasn't been validated yet, but we do believe that the magnets had an impact.

We have chosen to highlight selected responses to the pre-survey. In the attitude part of the survey, 81.7% felt that having five or more drinks daily posed moderate or great risk. About 30% felt that using marijuana occasionally posed a slight risk or no risk; 84% felt that using cocaine occasionally posed a moderate or great risk; and about 7% felt that using cocaine regularly posed a slight risk or no risk. I don't think there was anything surprising or disturbing in any of these data.

Yet to be analyzed are the work-related data, employee health status reports, drug and alcohol use information, drug and alcohol use of co-workers, perceptions of risk, and employees' views on drinking and drug use.